

UPSTATE WATER RESOURCES

196 West Ridge Drive
Travelers Rest, S.C. 29690

February 19, 1999

To: Public Service Commission of S.C.

Upstate Water Resources, Inc. hereby requests the Public Service Commission to approve the rates and service area per attached application package.

A plat and engineering drawings are already on file with the Public Service Commission. Should you need anything additional, please feel free to contact me at (864) 421-7948.

Thank you for your help in this matter.

Sincerely,



Larry Schmid
Upstate Water Resources

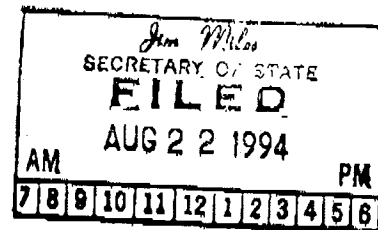
AUG 22 1994

DATE
CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

SECRETARY OF STATE OF SOUTH CAROLINA



1. The name of the proposed corporation is UPSTATE WATER RESOURCES, INC.
2. The initial registered office of the corporation is 1001 Yellow Wood Drive
Simpsonville Greenville 29680
City County Zip Code
and the initial registered agent as such address is Larry Schmid
3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:
 - a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is 100,000.
 - b. ☐ The corporation is authorized to issue more than one class of shares:

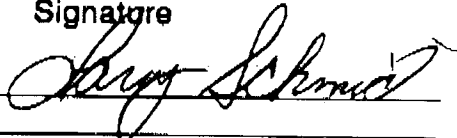
Class of Shares

Authorized No. of Each Class

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)): _____.
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

6. The name and address of each incorporator is as follows (only one is required);

Name	Address	Signature
<u>Larry Schmid</u>	<u>1001 Yellow Wood Drive</u> <u>Simpsonville, SC 29680</u>	

7. I, R. C. Moore, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date August 10, 1994


(Signature)

Richard C. Moore
(Type or Print Name)

Address 111 E. Curtis Street
Simpsonville, SC 29681

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Schedule of Fees - payable at time of filing this document

Fee for filing Application - payable to Secretary of State	\$ 10.00
Filing Tax - Payable to Secretary of State	100.00
Minimum License Fee - payable to SC Tax Commission	25.00
4. THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS (See §12-19-20), AND A CHECK IN THE AMOUNT OF \$25.00 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

PROPOSED RATES AND CHARGES FOR BAY RIDGE SUBDIVISION

Upstate Water Resources owns and operates 3 water systems in the upstate area; Keowee Bay, Cedar Creek, and Bay Ridge. Keowee Bay and Cedar Creek homeowners associations have entered into an agreement for a flat monthly rate to be billed to the Homeowners Association, on file with the PSC. They collect annual dues to cover this cost and spread the cost of maintaining a quality water system among all the property owners, not just the few homeowners.

There are a total of 303 lots between the three subdivisions, of which Bay Ridge has 68. To determine our rate request, we took all appropriate expenses and divided by 303 total lots, then multiplied by 68 to arrive at Bay Ridge's expenses.

A) Proposed monthly water usage rate \$17.00 per lot

or

B) Proposed monthly water usage rate \$40.00 per tap

A) is based on current system of billing homeowners association a monthly fee to be paid out of annual dues.

B) is based on billing individuals with taps into the system

BAY RIDGE COST ESTIMATE PER LOT FOR WATER

BANK NOTE	180.66
TRUCK PAYMENT	101.72
TRUCK INSURANCE	28.05
PHONE - ANSWERING SERVICE, PAGER, MOBILE	72.08
WORKERS COMPENSATION	14.05
INSURANCE ON PUMPS AND BUILDINGS	50.00
DUKE POWER BILL	100.00
CHEMICALS	23.00
DHEC FEES	50.00
BACTERIA SAMPLES	50.00
FUEL	48.00
VEHICLE MAINTENANCE	14.00
OFFICE EXPENSES	26.00
DEPRECIATION OF SYSTEM - WATER LINES 2.5%, TANK 5%	
PUMPS AND ELECTRICAL 10%, BUILDING 4%	615.27
LICENSED OPERATOR	336.66
ACCOUNTANT	26.18

BOND	11.22
PROPERTY TAXES	10.00
LIFE INSURANCE	22.89
HEALTH INSURANCE	48.85
PROFIT 11%	201.48

TOTAL OF EXPENSES \$2,033.11 / 68 LOTS = \$29.90 PER LOT

TAP FEES \$800.00

- includes labor to bore under roads and do wet tap \$600.00
- all material , including valves, meter boxes, water line \$147.00
- profit and overhead \$53.00

RECONNECTION FEES \$75.00

RETURNED CHECK FEE \$35.00

LATE FEE 1 1/2 % /MONTH

BAY RIDGE WATER SYSTEM

Bay Ridge Subdivision currently has 12 customers. The full capacity of the system is 68 lots. Bay Ridge is adding 1.75 new homes on average per year.

YEAR	NUMBER OF WATER SYSTEM CUSTOMERS	ANNUAL WATER SYSTEM REVENUE	
		A	B
1999	12	13,872	5,760
2000	14	13,872	6,720
2001	16	13,872	7,680
2002	18	13,872	8,640
2003	20	13,872	9,600
2004	22	13,872	10,560

CONSTRUCTION COSTS

Construction costs for the water system when installed in 1991, as per Ingram Enterprises, the developer.

8,000 gallon tank	\$32,663
Tank house - inc. electrical and plumbing	6,500
Well house #1 - inc. pump and electrical	18,000
Well house #2 - inc. pump and electrical	17,200
Distribution lines	115,000
Total construction cost in 1991	\$189,363

DEPRECIATION OF WATER SYSTEM

Depreciation was figured at the following rate:

Distribution system	2.5%
Water tank	5%
Buildings	4%
Pumps and electrical	10%

INCOME AND EXPENSE BASED ON FULL CAPACITY

INCOME		EXPENSE
A	B	
\$1,156	\$2,720	\$2,033

Based on 1.75 average over past 8 years, capacity won't be reached until 2031.

STATE OF SOUTH CAROLINA)

COUNTY OF GREENVILLE)

MAINTENANCE AGREEMENT

UPSTATE WATER RESOURCES, INC. will service and maintain the water system for Cedar Creek Subdivision beginning July 1, 1998. This agreement will automatically renew itself every July 1st, unless agreed upon in writing by both parties.

The following terms have been agreed upon by both parties:

- 1) The Homeowners Association will pay \$950.00 per month to Upstate Water Resources.
- 2) The Homeowners Association will pay for the cost of insurance for the system. Upstate Water Resources will be responsible for the deductible.
- 3) The Homeowners Association will pay for the monthly power bills. Upstate Water Resources will have the bills in its name.
- 4) Any increase in services required by DHEC or any other regulatory agency will be billed at actual cost plus ten (10) percent, subject to item #7.
- 5) The contract fee of \$950.00 may be increased by an amount not in excess of the percentage increase in the Consumer Price Index, U.S. for the preceding year, but not greater than an 8% increase per year for any one year.
- 6) Any repairs or maintenance work not already covered by this agreement will be billed at cost plus ten (10) percent, subject to item #7.
- 7) Any repairs costing over \$150.00 must first be approved by the Homeowners Association.
- 8) Upstate Water Resources will provide a licensed operator to perform the following as required by DHEC or more often if needed for the efficient operation of the system.
 - A) Take water samples and test the ph level to determine the acidity of the water and the proper amount of chemicals to add to adjust the ph as needed. Record the results and actions taken for DHEC reports.
 - B) Take water samples and test the chlorine level to determine the total chlorine level in the water and adjust the feed rate as needed. Record the results and actions taken for DHEC reports.
 - C) Read the water flow meters and calculate the daily water usage. Record the results on DHEC reports.
 - D) Mix and add chemicals to the proper tanks for corrosion control as required by

DHEC. Adjust the feed rate of the chemical pumps as needed.

E) Mix and add chemicals to the proper tanks for bacteria control as required by DHEC. Adjust the feed rate of the chemical pumps as needed.

F) Record the amounts of chemicals used for corrosion control and bacteria control on the proper forms and submit to DHEC as required.

G) Check the pressure and the water level in the tanks. Adjust if necessary and record on proper forms to be submitted to DHEC as required.

H) Check the system pressure to make sure adequate pressure is maintained in the system for residential use as specified in DHEC operating procedures. Record results and actions on proper forms to be submitted to DHEC as required.

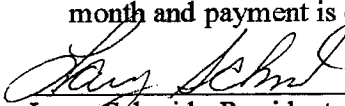
I) Disassemble chemical feed systems and clean tubing, foot valves, check valves, and tanks. Reassemble system and calibrate pumps.

J) Blow off system at designated locations until there are enough users on the system to prevent stagnation.

K) Check shut off valves in the system for proper operation.

L) Meet with representatives of DHEC for required inspections, VOC testing, bacteria testing and any other times as requested by DHEC.

9) Upstate Water Resources will bill the Homeowners Association by the 25th of each month and payment is due by the 2nd of the following month.




Larry Schmid President
Upstate Water Resources
1001 Yellow Wood Dr.
Simpsonville, S. C. 29690
967-4333




Homeowners Association

Witness

Date

7-29-98

10) A TAP WILL BE PROVIDED FOR EACH LOT WHEN NOTIFIED FOR A COST OF \$175 PER TAP REGARDLESS WHETHER THE TAP MUST BE LOCATED OR INSTALLED. CEDAR CREEK AUTHORIZED REPRESENTATIVE SHOULD NOTIFY UPSTATE WATER RESOURCES, INC., before grading or construction starts. INITIALED  

11) THE EXECUTION OF THIS LEASE AGREEMENT DOES NOT IN ANY WAY COMPROMISE THE RIGHTS OF THE CEDAR CREEK HOMEOWNERS ASSOCIATION TO CHALLENGE THE SALE OF THE CEDAR CREEK WATER SYSTEM, INITIALED  

7-29-98

STATE OF SOUTH CAROLINA)

COUNTY OF OCONEE)

WATER AGREEMENT

UPSTATE WATER RESOURCES, INC., will service and maintain the water system for **Keowee Bay Subdivision** beginning February 1, 1997. This agreement will automatically renew itself February 1st of each year unless either party gives 30 days written notice prior to February 1st, requesting a change in the agreement.

The following terms have been agreed upon by both parties:

- 1) The Homeowners Association will pay \$1,390.00 per month to Upstate Water Resources for the operation and repairs of the water system.
- 2) Upstate Water Resources Inc., has the option of reviewing power consumption and cost after this agreement has been in effect for five (5) months. If there is due cause to adjust the anticipated \$100.00 per month expense then both parties must agree to a revised amount which will be added to the monthly invoice.
- 3) Upstate will provide prudent monitoring of the water system so that water costs will be managed to provide water at the lowest possible cost to **Keowee Bay Subdivision**.
- 4) A tap will be provided for each lot when notified for a cost of \$175.00 per tap regardless whether the tap must be located or installed. Keowee Bay authorized representative should notify Upstate Water Resources Inc., before grading or construction starts on a lot.
- 5) Upstate Water Resources will provide a licensed operator to perform the following as required by DHEC or more often if needed for the efficient operation of the system.
 - A) Take water samples and test the ph level to determine the acidity of the water and the proper amount of chemicals to add to adjust the ph as needed. Record the results and actions taken for DHEC reports.
 - B) Take water samples and test the chlorine level to determine the total chlorine level in the water and adjust the feed rate as needed. Record the results and actions taken for DHEC reports.

- C) Read the water flow meters and calculate the daily water usage. Record the results on DHEC reports.
 - D) Mix and add chemicals to the proper tanks for corrosion control as required by DHEC. Adjust the feed rate of the chemical pumps as needed.
 - E) Mix and add chemicals to the proper tanks for bacteria control as required by DHEC. Adjust the feed rate of the chemical pumps as needed.
 - F) Record the amounts of chemicals used for corrosion control and bacteria control on the proper forms and submit to DHEC as required.
 - G) Check the pressure and the water level in the tanks. Adjust if necessary and record on proper forms to be submitted to DHEC as required.
 - H) Check the system pressure to make sure adequate pressure is maintained in the system for residential use as specified in DHEC operating procedures. Record results and action on proper forms to be submitted to DHEC as required.
 - I) Disassemble chemical feed systems and clean tubing, foot valves, check valves, and tanks. Reassemble system and calibrate pumps.
 - J) Blow off system at designated locations until there are enough users on the system to prevent stagnation.
 - K) Check shut off valves in the system for proper operation.
 - L) Meet with representatives of DHEC for required inspections, VOC testing, bacteria testing and any other times as requested by DHEC.
- 10) Upstate Water Resources will bill the Keowee Bay Association by the 1st of each month and payment is due net 10 days.

11) The Association will be given 1st option to purchase the system if UWR sells it.

Ⓚ Larry Schmid
Larry Schmid President
Upstate Water Resources
1001 Yellow Wood Dr.
Simpsonville, SC 29690
967-4333

Ⓚ Jimmie Wilson
Witness

A. G. Eskridge
A. G. Eskridge, Vice President
Keowee Bay Property Owners Association
P.O. Box 311
Salem, SC 29676

1/16/97
Date

FROM: OMNIFAX

TO:

803 241 1092

9. 1989 3:02PM #039 P.06

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201Commissioner
Michael D. Jarrett

Page 1 of 2

RECEIVED



JUN 21 1990

APPALACHIA I
DISTRICT EQC

Board

Henry S. Jordan, M.D., Chairman
John B. Pate, M.D., Vice-Chairman
William E. Applegate, III, Secretary
Tony Graham, Jr., M.D.
John H. Burris
Richard E. Jabbour, D.D.S.
Currie B. Spivey, Jr.

CONSTRUCTION PERMIT

Permission is Hereby Granted to: Mr. Richard Ingram
The Bay Group
Route 2, Box 330
Salem, SC 29676

for the construction of a potable water source, treatment and/or
distribution system in accordance with plans, specifications and
design calculations dated February 6, 1990, by William A. Dunn, P.E.,
S. C. Registration No.: 7207.

PROJECT NAME: Bay Ridge Test Wells (on Lot 46)
COUNTY: Oconee

PROJECT DESCRIPTION: Installation of two (2) 6" test wells.

Water Provided By: New System

System Number: N/A

SPECIAL CONDITIONS:

(See Attached Page)

Permit Number: 206270AII

Date: June 18, 1990

EXPIRATION DATE: Unless construction is completed by
June 18, 1992 it will be necessary to reapply
since this permit will no longer be valid.

This is a permit for construction only and does not constitute State
Department of Health and Environmental Control approval, temporary or
otherwise, to place this system in operation.

Joe L. Rucker, P.E.
Joe L. Rucker, P.E.

Joe L. Rucker, P.E., Director
Water Supply Construction Division

LRF

900546

cc: Mr. William A. Dunn, P.E.
Mr. George Tomlin, Dist. Dir.
Mr. Jack B. Hafner, Dist. San. Dir.
U. S. G. S.
S. C. Water Resources Commission

FROM: OMNIFAX

TO:

803 241 1092

9. 1989 3:04PM #039 P.11

SPECIAL CONDITIONS

Permit Number: 206270AIII

Dated: September 28, 1990

Page 2 of 2

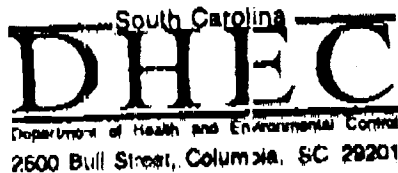
1. This permit is in addition to permit #206270, 206270AI, 206270AII, dated March 21, 1990, May 11, 1990, and June 18, 1990, respectively.
2. A main line gate valve shall be installed following the chemical injection point on the well head piping.
3. Automatic backwash shall be provided on the lime feeder for adequate flushing of the equipment.

FROM: OMNIFAX

TO:

803 241 1292

9. 1989 3:24PM #039 P.10



Commissioner: Michael D. Jurell

Board: John B. Pate, MD, Chairman
William E. Applegate, III, Vice Chairman
John H. Burris, Secretary

Promoting Health, Protecting the Environment

Toney Graham, Jr., MD
Richard E. Jabbour, DDS
Henry S. Jordan, MD
Cyril B. Spivey, Jr.

BUREAU OF DRINKING WATER PROTECTION

Page 1 of 2

RECEIVED

OCT 03 1990

CONSTRUCTION PERMIT

Permission is Hereby Granted to: Mr. Richard Ingram
The Bay Group
Route 2, Box 330
Salem, SC 29676

APPALACHIA I
DISTRICT EQC

for the construction of a potable water source, treatment and/or distribution system in accordance with plans, specifications and design calculations dated September 17, 1990, by W. A. Dunn, Jr., P.E., S.C. Registration No.: 7207.

PROJECT NAME: Bay Ridge
COUNTY: Oconee

PROJECT DESCRIPTION: Installation of one (1) 6"-28 gpm well, one (1) 6"-14 gpm well, one (1) 8,000 gallon tank, chlorine and lime feed addition, approximately 1859' of 4" water line, 3401' of 3" water line, 1425' of 2" water line and appurtenances to serve 70 taps.

Water Provided By: New System

System Number: N/A

SPECIAL CONDITIONS: (See Attached Page)

Permit Number: 206270AIII

Date: September 28, 1990

EXPIRATION DATE:

Unless construction is completed by September 28, 1992 it will be necessary to reapply since this permit will no longer be valid.

This is a permit for construction only and does not constitute State Department of Health and Environmental Control approval, temporary or otherwise, to place this system in operation.

Joe L. Rucker, P.E., Director
Water Supply Construction Division

LLF

900546

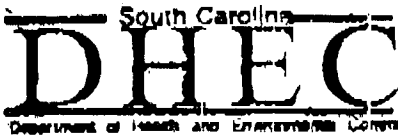
cc: Mr. W. A. Dunn, Jr., P. E.
Mr. George Tomlin, Dist. Dir.
Mr. Jack B. Hafner, Dist. San. Dir.

FROM: OMNIFAX

TO:

803 241 1092

9, 1989 3:03PM #039 P.09



Appalachia I District
Environmental Quality Control
220 McGee Road/P.O. Box 1906
Anderson, S.C. 29622
(803) 260-5569

October 8, 1990

Mr. W. A. Dunn, Jr., P.E.
P.O. Box 5
Wasley, SC 29641

Re: Bay Ridge
Construction Permit Number 206270AIII
Anderson County

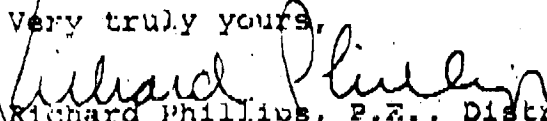
Dear Mr. Dunn:

This office has received a copy of the permit to construct on the above-referenced project. We request that you adhere to the following procedures in proceeding with the project:

1. Notify this office when construction begins so we may make regular routine construction inspections.
2. Please note any special conditions on the construction permit.
3. Final inspection - request for final inspection should be made by the engineer in writing and state that construction is completed and that all work has been performed in accordance with plans and specifications approved by the South Carolina Department of Health and Environmental Control and good engineering practice. In case of a water system, the water sample results should be enclosed with this letter along with pressure tests results.
4. The Engineer or his representative, the contractor, and the operator (where applicable) should always be present during final inspection.

Compliance with this procedure will help avoid unnecessary delays in obtaining final approval of the project. Your past and present cooperation will be appreciated and if you have any questions, please call or write.

Very truly yours,

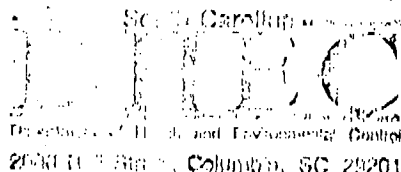

Richard Phillips, P.E., District Engineer
Appalachia I EQC District

cc: Mr. Richard Ingram

TO:

803 241 1092

9, 1989 3:00PM #039 P.02



Commissioner: Michael D. Jarrett

Board: John H. Pate, MD, Chairman
William E. Applegate, III, Vice Chairman
John H. Burris, Secretary

Toney Graham, Jr., MD
Richard E. Jabbar, DDS
Henry S. Jordan, MD
Curie B. Spivey, Jr.

Promoting Health, Protecting the Environment

PERMIT TO OPERATE

ISSUED TO: Mr. Richard Ingram
The May Group
Route 2, Box 330
Salon, SC 29676

for the operation of a potable water system permitted under Construction
Permit No. 2062708301, dated 9-28-90 as described below:

PROJECT NAME: May Ridge
COUNTY: Oconee

FROM A PRESCRIPTION: Installation of one (1) 6"-28 gpm well, one (1)
6"-18 gpm well, one (1) 8,000 gallon tank, chlorine and lime feed
station, approximately 1859' of 4" water line, 3401' of 3" water line,
1,425' of 2" water line and appurtenances to serve 70 taps.

Water Provided by: New System System Number: N/A

SPECIAL CONDITIONS:

This operational approval is based on the Engineer's letter of
certification signed by W.A. Dunn, Jr., P.E., S.C. Registration No.:
7207, and satisfactory bacteriological results and inspections performed by
personnel of this Department.

Richard Phillips
Richard Phillips, P.E.
District Engineer
Appalachia I DQC District

Date Issued: July 23, 1991

RE: 116

cc: W.A. Dunn, Jr., P.E.
R. Lee Racher
David Haines
S.C. Water Resources Commission

RECEIVED

JUL 09 1991

APPALACHIA I
DISTRICT LQC

DUNN & ASSOCIATES, INC.

ENGINEERS & PLANNERS
Civil - Environmental - Structural
Post Office Box 6
Easley, South Carolina 29641

OFFICE
415 S. Pendleton Street

TELEPHONE
(803) 855-2727

July 8, 1991

S.C. Department of Health &
Environmental Control
P.O. Box 1906
Anderson SC 29622

Attn: Mr. Richard Phillips
Re: Bay Ridge Water System
Permit No. 206270AIII

Dear Mr. Phillips:

In reference to the above captioned project and to the best of our knowledge information and belief, the project has been constructed in accordance with approved plans and specifications. Samples have been taken by the Contractors and meet the regulations by DHEC. Our certification is made on the basis of periodic site inspections during the course of construction as well as a final inspection held on June 19, 1991. Copies of the bacteriological tests will be forwarded to your office in the very near future.

We would appreciate a final inspection by your office as soon as possible. Please call our office to schedule this at your convenience.

Thank you very much and should there be any questions, please call.

Sincerely,
Dunn & Associates, Inc.

W.A. Dunn, Jr. (cc)

W.A. Dunn, Jr., P.E.
President

WAD/sr

c.c. Rick Ingram
Craft Construction
Robbins Brothers

____ Cook, Dana

____ Harvley, Mark
____ Kade, Tommy

____ Jones, Webster
____ Lathan, Wayne
____ Phillips, Richard
____ Tomlin, George

FROM: OMNIFAX

TO:

803 241 1892

9, 1989 3:01PM #039 P.04

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S.C. 29201

Commissioner
Michael D. Jarrett

Page 1 of 2

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MAR 23 1990

APPALACHIA I
DISTRICT EQC**Board**

Henry S. Jordan, M.D., Chairman
John M. Pate, M.D., Vice-Chairman
William E. Applegate, III, Secretary
Tony Graham, Jr., M.D.
John H. Burriss
Richard E. Jabbour, D.D.S.
Currie B. Spivey, Jr.

CONSTRUCTION PERMIT

Permission is Hereby Granted to: Mr. Richard Ingram
The Bay Group
Route 2, Box 330
Salem, S.C. 29676

for the construction of a potable water source, treatment and/or
distribution system in accordance with plans, specifications and
design calculations dated February 6, 1990, by William A. Dunn, Jr.,
P.E., S. C. Registration No.: 7207.

PROJECT NAME: Bay Ridge
COUNTY: Oconee

PROJECT DESCRIPTION: Installation of two - six inch test wells.

Water Provided By: N/A

System Number: New System

SPECIAL CONDITIONS:

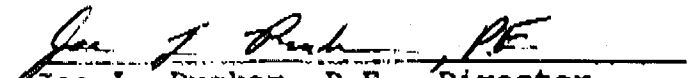
(See Attached Page)

Permit Number: 206270

Date: March 21, 1990

EXPIRATION DATE: Unless construction is completed by
March 21, 1992 it will be necessary to reapply
since this permit will no longer be valid.

This is a permit for construction only and does not constitute State
Department of Health and Environmental Control approval, temporary or
otherwise, to place this system in operation.


Joe L. Rucker, P.E., Director
Water Supply Construction Division

LJR

900546

cc: Mr. William A. Dunn, Jr., P.E.
Mr. George Tomlin, Dist. Dir.
Mr. Jack B. Hafner, Dist. San. Dir.
U.S.G.S.
S.C. Water Resources Commission

FROM: OMNIFAX

TO:

803 241 1092

9, 1989 3:01PM #039 P.05

SPECIAL CONDITIONS:

Construction Permit Number: 206270

Date: March 21, 1990

1. The chemical, physical and bacteriological quality of the well water must meet EPA primary and secondary standards or treatment may be required.
2. If the Langlier Saturation Index or AWWA Aggressiveness Index indicate the water to be aggressive, treatment will be required prior to placing the well into operation. A Permit to Construct must be obtained for the installation of the treatment equipment. The results of the bench test conducted to determine the chemical dosage must be submitted with the application.
3. Three (3) copies of the enclosed Water Well Record form shall be completed and submitted along with the engineers letter of certification to the Department Environmental Quality Control District Office.
4. Prior to installation of the permanent pump, well head piping, storage tank and distribution system, the engineer shall submit, for approval, a follow up permit application to this test well. This submittal shall include 3 copies of a completed permit application form, 3 copies of a completed well record form (form enclosed), 24 hour pumping test results, performance curves for the pump selected, design calculations, and 3 copies of construction plans and specifications for the installation of the pump, tank and distribution system.
5. Simultaneous pumping tests shall be required to be run on wells no. 1 and 2 to show that there is no interference between the wells at the proposed pumping rates.

SPECIAL CONDITIONS:

Construction Permit Number: 206270AII

Date: June 18, 1990

1. This permit is an addition to permit #206270 and 206270AI, dated March 21, 1990 and May 11, 1990.
2. The material and construction specifications shall be the same as those approved under permit #206270 dated March 21, 1990.
3. The chemical, physical and bacteriological quality of the well water must meet EPA primary and secondary standards or treatment may be required.
4. If the Langlier Saturation Index or AWWA Aggressiveness Index indicate the water to be aggressive, treatment will be required prior to placing the well into operation. A Permit to Construct must be obtained for the installation of the treatment equipment. The results of the bench test conducted to determine the chemical dosage must be submitted with the application.
5. Three (3) copies of the enclosed Water Well Record form shall be completed and submitted along with the engineers letter of certification to the Department Environmental Quality Control District Office.
6. Prior to installation of the permanent pump, well head piping, storage tank and distribution system, the engineer shall submit, for approval, a follow up permit application to this test well. This submittal shall include 3 copies of a completed permit application form, 3 copies of a completed well record form (form enclosed), 24 hour pumping test results, performance curves for the pump selected, design calculations, and 3 copies of construction plans and specifications for the installation of the pump, tank and distribution system.
7. Simultaneous pumping tests shall be run on the wells to show that there is no interference between the wells at the proposed pumping rates.
8. Easements are required to be obtained for the 100 foot pollution free radius of each well which is developed as a public water supply.

Invoice

UPSTATE WATER RESOURCES, INC.
198 WEST RIDGE DRIVE
TRAVELERS REST, SC 29690

DATE

INVOICE #

BILL TO

P.O. NUMBER

TERMS

PROJECT

QUANTITY

DESCRIPTION

RATE

AMOUNT

TOTAL

S. C. Department of Health and Environmental Control
Bureau of Water

(A)dd, (M)odify, (M)
(R)enum., (D)elete.....

PUBLIC WATER SYSTEM INVENTORY REPORT FORM

Reason: SANITARY SURVEY

System Name: BAY RIDGE S/D

System Number: 3750027 District (O&M): 01

Fax Number :

Today's Date: 03/22/99

MAILING ADDRESS:

LARRY SCHMID

~~1001 YELLOW WOOD DR~~ 196 West Ridge Dr.
~~SIMPSONVILLE SC 29680~~ TRAVELERS REST 29680
Telephone: (864) ~~967-4333~~ 421-7948

GEOGRAPHICAL ADDRESS (If Different):

~~JOHN HOLCOMBE~~

~~109 GEORGE ST~~ 196 West Ridge Dr.
~~TRAVELERS REST SC 29647~~ TRAVELERS REST SC.
Emergency Telephone: (864) ~~655-3403~~ 421-7948

SYSTEM CHARACTERISTICS

System Type... C	Inact Date (mo/yr)...	Service Area.... R1	Season On (mo/day).... 0101
Owner Type.... 2		Counties	
Inact Code....	Begin Date (mo/yr)...	Served: 37	Season Off (mo/day)... 1231

STATISTICAL INFORMATION

SOURCE INFORMATION:

Percent Surface Water..... 0
Percent Ground Water..... 100
Percent Purchased Surface Water. 0
Percent Purchased Ground Water.. 0

TOTAL MUST EQUAL 100 %

Number of Surface Water Sources.. 0
Number of Ground Water Sources... 2
Purchased Surface Water Sources... 0
Purchased Ground Water Sources.... 0
Number of Permanent SW Sources.... 0
Number of Emergency SW Sources.... 0
Number of Permanent GW Sources.... 1
Number of Emergency GW Sources.... 1

SERVICE POPULATION:

Population..... 2231
Secondary Population..... 0

NUMBER OF SERVICE CONNECTIONS:

Total Taps 11/2

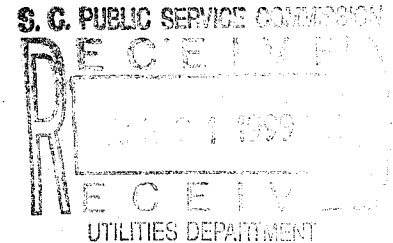
Maximum Allowable... 70

PRODUCTION CAPACITIES (MGD):

Average..... 0.0015
Maximum Day..... 0.0022
Total..... 0.0403
Emergency..... 0.0000

STORAGE:

Elevated (MG).... 0.000
Ground (MG)..... 0.000
Pressure (TG).... 8.000



COMMENTS

Report Date: 02/05/1999

DHEC 2109 (Rev. 02/91)

Signature WAYNE LATHAM

S. C. Department of Health and Environmental Control

Bureau of Water

(A)dd, (M)odify, M

(R)enum., (D)etele.....

PUBLIC WATER SYSTEM SOURCE/PLANT INVENTORY

System Name :BAY RIDGE S/D

System Number:3750027 Source ID: G37207

Reason: SANITARY Survey

Today's Date: 03/22/99

GENERAL INFORMATION

Description 1..... NEAREST BAY RIDGE RD

Availability Code... E

Description 2..... WELL ONE

Latitude.....

Receiving Plant...

Longitude.....

Plant ID.....

Source Code..... G

GROUND WATER SOURCE INFORMATION

WELL CHARACTERISTICS:

Depth (ft)..... 410

Type..... 1

Casing Diameter (in)..... 8

Casing Type..... G

Under the Direct Influence

of Surface Water?..... N

WELL PUMP CHARACTERISTICS:

Horsepower..... 0.00

Type..... S

Yield (gpm)..... 28

Avg. Daily Production(TGD).... 0.00

Regulated Capacity (TGD)..... 26.88

TREATMENT CODES

C7402,D4210,

COMMENTS

Report Date: 02/05/1999

HEC 2114 (Rev. 02/91)

Signature

WAYNE LATHAM

S. C. Department of Health and Environmental Control

Bureau of Water

(A)dd, (M)odify, (R)enum., (D)elete.....

M

PUBLIC WATER SYSTEM SOURCE/PLANT INVENTORY

System Name :BAY RIDGE S/D

System Number:3750027 Source ID: G37208

Reason: SANITARY SURVEY

Today's Date: 03/22/99

GENERAL INFORMATION

Description 1..... MIDDLE OF LOT 46

Availability Code... P

Description 2..... WELL

Latitude.....

Receiving Plant...

Longitude.....

Plant ID.....

Source Code..... G

GROUND WATER SOURCE INFORMATION

WELL CHARACTERISTICS:

Depth (ft)..... 510

Type..... 1

Casing Diameter (in)..... 8

Casing Type..... G

Under the Direct Influence

of Surface Water?..... N

WELL PUMP CHARACTERISTICS:

Horsepower..... 0.00

Type..... S

Yield (gpm)..... 14

Avg. Daily Production(TGD)... ~~1.15~~ 0.100

Regulated Capacity (TGD)..... 13.44

TREATMENT CODES

C7402,D4210,

COMMENTS

Meter Reading 3501500 gals

3468100

033,400 gals used

MUST be AN incorrect
meter Reading. They
had TO use more
water

Report Date: 02/05/1999

DHEC 2114 (Rev. 02/91)

Signature

WAYNE LATHAM

PUBLIC WATER SYSTEM SANITARY SURVEY REPORT
GROUNDWATER SYSTEMS

System Name : BAY RIDGE S/D
System Number: 3750027

03/22/99
LAST SURVEY: 02/12/1998

Today's Date: 03/22/99

SOURCE:		21. Sample siting plan..... N S	A. Plant Group (I - V)..... III
1. Quantity..... S	22. Disinfectant Residual.... S	B. Operator Grade.	
2. Protection from contam... S	STORAGE:	A..... 0	
3. Security..... S	23. Capacity..... S	B..... 0	
4. Wellhead piping..... S	24. Sanitary protection..... S	C..... 0	
5. Pumps..... S	25. Security..... S	D..... 1	
6. Flow meter..... S	26. Bypass/drain/tap..... S	T..... 1	
WATER TREATMENT:	27. Maintenance..... S	C. Field Tests	
7. Filtration..... N	OPERATIONAL CONTROL:	Chlorine.....	
8. Equipment O & M..... S	28. Certified operator..... S	pH.....	
9. Chemical storage..... S	29. Testing equipment..... S	psi.....	
10. Chemical feed rooms..... S	30. Monitor/report/record keep N S	Other.....	
11. Chemical inject pt/sam... S	GENERAL O & M:	D. Samples Taken	
DISTRIBUTION:	31. Plant Security..... N	Bacteriological.....	
12. Quality..... S	32. Facility maintenance.... S	Inorganic.....	
13. Operation & Control..... S	33. Supplies/spare parts.... S	Organic.....	
14. Adequate pressure..... S	34. Waste disposal..... N	Radiological.....	
15. Fire flow..... N	35. Procedures manual..... S	Other.....	
16. X-Connection control.... S	EMERGENCY OPERATION:	E. Type Inspection... ROUTINE	
17. Valve/hydrant maintenance S	36. Stand-by power..... N	F. Are All Services Metered?..... N	
18. Flushing program..... S	37. Emergency plan..... S	Percent Metered..... 0	
19. Leak detection/Rp..... S	Misc. Old Survey	G. Is System Presently Under Order.	
20. System map..... S	38. Weather protection..... S	H. If Yes, is System Complying W/ Order.	
	39. FW pump capacity..... S	I. Follow-up Scheduled?..... N	
		Date Scheduled..... / /	
		J. Overall Rating..... S	
		Operator/Owner Present?..... Y	

COMMENTS

Please HAVE WRITTEN INFORMATION SHOWING DATES & TIME ALL VALVES AND BLOW-OFFS WERE EXERCISED ON A YEARLY BASIS.

Daily Recorder must be on file showing Ph & Chlorine Results

see ATTACHED INFORMATION FOR VALVE AND HYDRANT MAINTENANCE.

Wayne LATHAM

DHEC Representative

Larry SCHMID

OWNER

System Representative

Title

16. A. VALVE MAINTENANCE

Purpose:

To ensure that a system knows where their distribution valves are located and to ensure that they operate properly, each system must have a valve maintenance program.

Criteria:

Each valve in a distribution system shall be exercised on a yearly basis by opening and closing or closing and opening. Any valves that malfunction shall be repaired promptly.
(R.61-58.7 E (5), Page 131).

Actions:

If a system cannot demonstrate a valve maintenance program, then it will be graded unsatisfactory.

B. HYDRANT MAINTENANCE

Purpose:

If fire hydrants are provided, they must be tested annually.

Criteria:

All fire hydrants shall be inspected, greased, and opened a minimum of once a year. At the time a fire hydrant is inspected, it is recommended the static water pressure and the residual water pressure, when a known flow of water is occurring, be measured and recorded.
(R.61-58.7 E(6), Page 131)

Action:

Records must be maintained to document fire hydrant performance. This may or may not be performed by the water system. In some instances, the local fire department may perform this duty. If this is the case, you should evaluate their records and the communication procedures between the utility and fire department.

It should be stressed to the utilities to record supplemental information regarding water quality. For example: How long does it take for the water to clear? Was the water initially discolored? Any odor?

- mailboxes
- office supplies
- ups shipping
- copies
- fax

**UPSTATE
BUSINESS
CENTER**

146 Walnut Lane • Suite B
Travelers Rest, SC 29690

**FAX
COVER SHEET**

TO: Charles Grech
FROM: Larry Schmid
DATE: 3-22-99
Pages: 12 (including cover sheet)

MESSAGE:

Charles,
Please review & call me.
Thanks,
Larry

If you do not receive all pages, please notify Upstate Business Service at
(864) 834-4116.

Thank you

PROPOSED RATES AND CHARGES FOR BAY RIDGE SUBDIVISION

Upstate Water Resources owns and operates 3 water systems in the upstate area; Keowee Bay, Cedar Creek, and Bay Ridge. Keowee Bay and Cedar Creek homeowners associations have entered into an agreement for a flat monthly rate to be billed to the Homeowners Association, on file with the PSC. They collect annual dues to cover this cost and spread the cost of maintaining a quality water system among all the property owners, not just the few homeowners.

There are a total of 303 lots between the three subdivisions, of which Bay Ridge has 68. To determine our rate request, we took all appropriate expenses and divided by 303 total lots, then multiplied by 68 to arrive at Bay Ridge's expenses.

Proposed monthly water usage rate \$40.00 per tap

BAY RIDGE COST ESTIMATE PER LOT FOR WATER

BANK NOTE	180.66
TRUCK PAYMENT	101.72
TRUCK INSURANCE	28.05
PHONE - ANSWERING SERVICE, PAGER, MOBILE	72.08
WORKERS COMPENSATION	14.05
INSURANCE ON PUMPS AND BUILDINGS	50.00
DUKE POWER BILL	100.00
CHEMICALS	23.00
DHEC FEES	50.00
BACTERIA SAMPLES	50.00
FUEL	48.00
VEHICLE MAINTENANCE	14.00
OFFICE EXPENSES	26.00
DEPRECIATION OF SYSTEM - WATER LINES 2.5%, TANK 5%	
PUMPS AND ELECTRICAL 10%, BUILDING 4%	615.27
LICENSED OPERATOR	336.66
ACCOUNTANT	26.18
BOND	11.22
PROPERTY TAXES	10.00
LIFE INSURANCE	22.89
HEALTH INSURANCE	48.85
PROFIT 11%	201.48
TOTAL OF EXPENSES PER MONTH	\$2,033.11

CONSTRUCTION COSTS

Construction costs for the water system when installed in 1991, as per Ingram Enterprises, the developer.

8,000 gallon tank	\$32,663
Tank house - inc. electrical and plumbing	6,500
Well house #1 - inc. pump and electrical	18,000
Well house #2 - inc. pump and electrical	17,200
Distribution lines	115,000
Total construction cost in 1991	\$189,363

DEPRECIATION OF WATER SYSTEM

Depreciation was figured at the following rate:

Distribution system	2.5%
Water tank	5%
Buildings	4%
Pumps and electrical	10%

INCOME AND EXPENSE BASED ON FULL CAPACITY

INCOME

\$2,720

EXPENSE

\$2,033

Based on 1.75 average over past 8 years, capacity won't be reached until 2031.

SAMPLE -- FINANCIAL STATEMENT

REVISED 6/16/93

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS, that Upstate Water Resources being duly qualified to do business in the State of South Carolina, designated as "principal", and that Larry Schmid, designated as "surety" ("sureties") is/are held and firmly bound unto the Public Service Commission of South Carolina, designed as "obligee", in the penal sum of \$10,000.00 Dollars, for the payment of which well and truly to be made, the principal binds itself, its successors and assigns, and the surety (sureties) bind himself/themselves, his/their personal representatives, heirs and assigns, jointly and severally, firmly by these presents.

WHEREAS, in accordance with the provisions of S.C. Code Ann., 58-5-720 (1976 as amended), which requires the principal to furnish a bond with sufficient surety, to the satisfaction of the obligee, conditioned as provided in said 58-5-720, and

WHEREAS, the obligee has granted the principal a certificate of public convenience and necessity and approved a schedule of rates for water and/or sewer service in areas shown on operating maps filed with the obligee, and

WHEREAS, this bond, when approved by the obligee, conditioned as in said 58-5-270, is to cover any and all liability, which may arise as a

result of the principal failing to provide adequate and sufficient service within its service area as prescribed in 58-5-720, and

WHEREAS, the obligee, upon notice and hearing, shall have the right to declare all or any part of the bond forfeited upon a determination by the obligee that the principal shall have willfully failed to provide such service as prescribed above, without just cause or excuse, and that such failure has continued for an unreasonable length of time, and

WHEREAS, the liability under the terms of this bond is hereby extended so as to include any fines or penalties imposed or assessed by the obligee against the principal under the provisions of S.C. Code Ann. 58-5-710 (1976 as amended), and

WHEREAS, in the event that any judicial action or proceedings are initiated with respect to this bond, the parties hereby agree that the venue thereof shall be Richland County, State of South Carolina, and

WHEREAS, the surety (sureties), as stockholders of the principal, undertake this obligation for and in consideration of the principal being able to continue to operate a sewer utility providing service to the public for compensation under the jurisdiction of the obligee, and

WHEREAS, the surety (sureties) shall file with this bond a verified financial statement showing personal assets, liabilities, and net worth certified by an accountant or other party acceptable to the obligee, and shall file annually with the obligee a revised verified financial statement as long as the bond continues in effect, and

WHEREAS, this bond shall become effective on the date executed by the principal and surety (sureties), and shall continue from year to year unless the obligations of the principal and sureties under this bond are expressly released by the obligee in writing, and

WHEREAS, the obligee upon notice and opportunity to the principal and surety (sureties) to be heard, may order that the face amount of this bond to be changed within the limits set forth in S.C. Code Ann., 58-5-720 (1976 as amended).

NOW THEREFORE, in testimony whereof, said principal has hereunto subscribed its name and said principal has caused this instrument to signed by its duly authorized officers, and its corporate seal to hereunto affixed this 22 day of March, 1999; and that said surety (sureties) have caused this instrument to be signed this 22 day of March, 1998.

Upstate Water Resources
Company

Larry Schmid
By

Quaker
Title

Larry Schmid
Surety

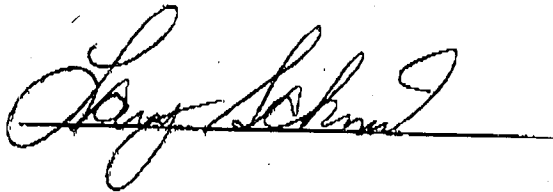
IN THE PRESENCE OF:

Mont D. Kolo

VERIFICATION OF FINANCIAL STATEMENT

PERSONALLY appeared before me Larry Schmid,
known to me to be the individual described in and who executed
the foregoing financial statement, and acknowledged to me that he
executed the same; that Larry Schmid, being duly
sworn, deposes and states, that he has read the contents of the
foregoing financial statement and that the contents thereof are
true of his own knowledge.

SWORN to before me this 22
day of March, 1999



Mart D. Kolo
Notary Public for South Carolina
My Commission Expires: 8-17-2008

PERSONAL FINANCIAL STATEMENT

ASSETS			LIABILITIES		
Cash on hand and in banks (Schedule G)		9 203	Notes payable (Schedule C)		
Cash in other financial institutions					
Securities (Schedule A)			Accrued interest and taxes		
Accounts and notes receivable (Schedule B)			Accounts and bills payable		
			Alimony/child support (amount paid annually)		
Real estate owned (Schedule D)	375	000	Mortgages on real estate owned (Schedule D)	200	000
Equity in real estate held jointly (Schedule E)					
Cash surrender value of life insur. (Schedule F)			Loans on life insurance (Schedule F)		
Automobiles - For Business use only			Loans secured by automobiles		
			Other debts - Itemize		
			TOTAL LIABILITIES		200 000
			NET WORTH (Total assets (-) Total Liab.)		184 203
TOTAL ASSETS	384	203	TOTAL LIABILITIES & NET WORTH	384	203

SOURCE OF INCOME*		CONTINGENT LIABILITIES	
Salary Husband + wife	\$ 50,000	As endorser or co-maker	\$
Bonus and commissions	\$	On leases or contracts	\$
Dividends	\$	Legal claims	\$
Real estate income	\$	Have all taxes due and payable	
Other income - Itemize*	\$	been paid?	
	\$	Other special debt	\$
TOTAL	\$ 50,000		

* Income from alimony, child support, or separate maintenance payments need not be reported if the applicant does not desire the Bank to consider such income in determining the applicant's creditworthiness.

GENERAL INFORMATION	PERSONAL INFORMATION
Are you a defendant in any suits or legal actions?	Employer or Occupation
No	Upstate Water Resources
Personal bank accounts at	Age
Nations Bank	43
Banks where credit has been obtained	Other business affiliations
Nations Bank, Northwest Banking	
Have you been declared or declared bankruptcy in the last 10 years?	
If yes, explain.	

ABOVE IS A FINANCIAL STATEMENT
SHOWING ASSETS AND LIABILITIES
AS OF 3-22-99
DATE

Signature

Social Security Number

248-11-1257

(SCHEDULE A)

STOCKS AND BONDS OWNED, INCLUDING U.S. GOVERNMENT SECURITIES

description	no. of shares	in name of	market value of each	total market value

(SCHEDULE B)

ACCOUNTS AND NOTES RECEIVABLE

due from	due date	collateral	amount

(SCHEDULE C)

NOTES PAYABLE

due to	due date	collateral	amount

(SCHEDULE D)

REAL ESTATE OWNED

description of property	in name of	year acquired	cost	market value	mortgage			
					amount	repmt. sched.	maturity	holder
3374 1/2 Avenue 7.5 Acres	Largiofman Schmid	1999	140,000	225,000	140,000	11.5%	2029	Northwest Sec
Bay Ridge water system lot	Upstate	1994	41,666	50,000	20,000	268	2009	Caroline
Cedar Creek	Upstate	1994	41,666	50,000	20,000	268	2009	First
Kearney Bay	Resources	1994	41,667	50,000	20,000	268	2015	"

(SCHEDULE E)

REAL ESTATE JOINTLY OWNED WITH OTHERS

description of property	in name of	total value	total mortgage	% your interest	value your interest

(SCHEDULE F)

SCHEDULE OF LIFE INSURANCE

amount	name of company	beneficiary	cash value	loans

Contingent Liabilities

Are there any judgments, suits or claims pending against you? No

Have any of your notes or accounts receivable, or retained percentages been assigned, pledged, sold or discounted? No
If so, explain fully _____

Are there any liens for labor or materials filed on any of your work anywhere? No

Are you having any controversy with anyone over any contract or payment of labor or materials on any contract? No

Have you any other contingent liabilities? No

Where the space provided below is insufficient, it is required that separate detailed schedules be attached.

Schedule "G"

Name of Bank	Location	Amount of Deposit
<u>Notions Bank</u>	<u>Greenville, SC</u>	<u>9,203</u>

IF A CORPORATION ANSWER THESE QUESTIONS

When incorporated _____ In what State incorporated _____
Authorized Capital \$ _____ Subscribed Capital \$ _____ Capital
Paid in Cash \$ _____ Capital Paid in Equipment or Otherwise \$ _____
Total Paid-Up Capital \$ _____

Names of Officers and Directors	Owned	Address
President <u>Larry Schmid</u>	<u>100%</u>	
Vice-President _____		
Secretary _____		
Treasurer _____		
Directors _____		

Has the corporation or any of its officers ever failed in business? No If so, give particulars _____

Are any of the above officers engaged in any other line of business? No If so, give particulars _____

IF A PARTNERSHIP ANSWER THESE QUESTIONS

Names of All Individuals Comprising Co-Partnership	Age	Address

Has the firm or any member of the firm ever failed in business? _____ If so, give particulars _____

Is partnership general or limited? _____ If limited, explain fully _____

STATE OF SC

Affidavit For Individual

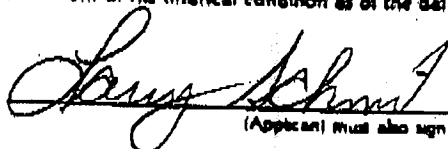
COUNTY OF Greenville

that the foregoing financial statement, taken from his books, is true and accurate statement of his financial condition as of the date thereof and that the answers to the foregoing interrogatories are true. being duly sworn, deposes and says that he is familiar with the books of the said firm showing its financial condition that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and the answers to the foregoing interrogatories are true.

Sworn to before me this

22 day of March, 1999Maft D. KORO

Notary Public



(Applicant must also sign here)

STATE OF _____

Affidavit For Co-Partnership

COUNTY OF _____

that he is a member of the firm of _____ being duly sworn, deposes and says that he is familiar with the books of the said firm showing its financial condition that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and the answers to the foregoing interrogatories are true.

Sworn to before me this

_____ day of _____, 19 _____

Notary

(Members of firm must also sign here)

STATE OF _____

Affidavit For Corporation

COUNTY OF _____

_____ of the _____ being duly sworn, deposes and says that he is familiar with the books of the said corporation showing its financial condition that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this

_____ day of _____, 19 _____

Notary Public

(Officer must also sign here)

January 13, 1999

Mr. Larry Schmidt
Upstate Water Resource
196 West Ridge Drive
Travelers Rest, SC 29690

Dear Larry;

Enclosed please find another copy of Wyboo Plantation's application for the establishment of water rates and charges. I guess the one that was sent to you before Christmas must have gotten lost. You may want to use this application as a guide for establishing rates and charges for the Bay Ridge system.

Larry, this matter has been left unresolved for too long. If you have not filed an acceptable application by February 22, 1999 we will have no choice but to petition the Commission for a Rule to Show Cause.

If you have any questions, or if we can be of any help, please feel free to contact this office at (803) 737-5155.

Sincerely,

Charles A. Creech
Utilities Department

CAC/db

enclosure

c: April Sharpe
Consumer Services
Public Service Commission

PERSONAL FINANCIAL STATEMENT

ASSETS			LIABILITIES		
Cash on hand and in banks (Schedule G)		9 203	Notes payable (Schedule C)		
Cash in other financial institutions			Accrued interest and taxes		
Securities (Schedule A)			Accounts and bills payable		
Accounts and notes receivable (Schedule B)			Alimony/child support (amount paid annually)		
Real estate owned (Schedule D)	225	000	Mortgages on real estate owned (Schedule D)	140	000
Equity in real estate held jointly (Schedule E)					
Cash surrender value of life insur. (Schedule F)			Loans on life insurance (Schedule F)		
Automobiles - For Business use only			Loans secured by automobiles		
			Other debts - itemize		
			TOTAL LIABILITIES	140	000
			NET WORTH (Total assets (-) Total Liab.)	94	203
TOTAL ASSETS	234	203	TOTAL LIABILITIES & NET WORTH	234	203

SOURCE OF INCOME*		CONTINGENT LIABILITIES	
Salary - Husband + wife	\$ 50,000	As endorser or co-maker	\$
Bonus and commissions	\$	On leases or contracts	\$
Dividends	\$	Legal claims	\$
Real estate income	\$	Have all taxes due and payable	
Other income - itemize*	\$	been paid?	
	\$	Other special debt	\$
TOTAL	\$ 50,000		

* Income from alimony, child support, or separate maintenance payments need not be reported if the applicant does not desire the Bank to consider such income in determining the applicant's creditworthiness.

GENERAL INFORMATION	PERSONAL INFORMATION
Are you a defendant in any suits or legal actions? <i>No</i>	Employer or Occupation <i>Upstate Water Resources</i> Age <i>43</i>
Personal bank accounts at <i>Nations Bank</i>	Other business affiliations <i>-</i>
Banks where credit has been obtained <i>Nations Bank, Merchant Mortgage</i>	
Have you been declared or declared bankruptcy in the last 10 years? If yes, explain. <i>No</i>	

ABOVE IS A FINANCIAL STATEMENT
SHOWING ASSETS AND LIABILITIES
AS OF 2-19-99
DATE

Signature *Henry Schmidt*
Social Security Number 248-11-1257
Signature _____

Contingent Liabilities

Are there any judgments, suits or claims pending against you? No

Have any of your notes or accounts receivable, or retained percentages been assigned, pledged, sold or discounted? No
If so, explain fully _____

Are there any liens for labor or materials filed on any of your work anywhere? No

Are you having any controversy with anyone over any contract or payment of labor or materials on any contract? No

Have you any other contingent liabilities? No

Where the space provided below is insufficient, it is required that separate detailed schedules be attached.

Schedule "G"

Name of Bank	Location	Amount of Deposit
Nations Bank	Greenville, SC	79,203

IF A CORPORATION ANSWER THESE QUESTIONS

When incorporated _____ In what State Incorporated _____
Authorized Capital \$ _____ Subscribed Capital \$ _____ Capital
Paid in Cash \$ _____ Capital Paid in Equipment or Otherwise \$ _____
Total Paid-Up Capital \$ _____

Names of Officers and Directors	Owned	Address
President <u>Larry Schmidt</u>	100%	
Vice-President <u>"</u>		
Secretary <u>"</u>		
Treasurer <u>"</u>		
Directors <u>"</u>		

Has the corporation or any of its officers ever failed in business? No If so, give particulars _____

Are any of the above officers engaged in any other line of business? No If so, give particulars _____

IF A PARTNERSHIP ANSWER THESE QUESTIONS

Names of All Individuals Comprising Co-Partnership	Age	Address

Has the firm or any member of the firm ever failed in business? _____ If so, give particulars _____

Is partnership general or limited? _____ If limited, explain fully _____

Are any of the firm members engaged in any other line of business? _____ If so, give _____

(SCHEDULE A) STOCKS AND BONDS OWNED, INCLUDING U.S. GOVERNMENT SECURITIES				
description	no. of shares	in name of	market value of each	total market value

(SCHEDULE B) ACCOUNTS AND NOTES RECEIVABLE			
due from	due date	collateral	amount

(SCHEDULE C) NOTES PAYABLE			
due to	due date	collateral	amount

(SCHEDULE D) REAL ESTATE OWNED								
description of property	in name of	year acquired	cost	market value	mortgage			
					amount	repmt. sched.	maturity	holder
3374 sq. ft. house 7.5 acres	Larry Schmid	1988	190,000	225,000	140,000	1/5/1	2029	Wilmington Savings

(SCHEDULE E) REAL ESTATE JOINTLY OWNED WITH OTHERS						
description of property	in name of	total value	total mortgage	% your interest	value your interest	

(SCHEDULE F) SCHEDULE OF LIFE INSURANCE				
amount	name of company	beneficiary	cash value	loans

Affidavit For Individual

STATE OF S.C.COUNTY OF Greenville

ss.:

Larry Schmid

being duly sworn, deposes and says that the foregoing financial statement, taken from his books, is true and accurate statement of his financial condition as of the date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this

_____ day of _____, 19____

(Applicant must also sign here)

Notary Public

Affidavit For Co-Partnership

STATE OF _____

ss.:

COUNTY OF _____

_____ being duly sworn, deposes and says that he is a member of the firm of _____ that he is familiar with the books of the said firm showing its financial condition that the foregoing financial statement, taken from the books of the said firm, is a true and accurate statement of the financial condition of the said firm as of the date thereof and the answers to the foregoing interrogatories are true.

Sworn to before me this

_____ day of _____, 19____

(Members of firm must also sign here)

Notary

Affidavit For Corporation

STATE OF _____

ss.:

COUNTY OF _____

_____ being duly sworn, deposes and says that he is _____ of the _____ the corporation described in and which executed the foregoing statement that he is familiar with the books of the said corporation showing its financial condition that the foregoing financial statement, taken from the books of the said corporation, is a true and accurate statement of the financial condition of said corporation as of date thereof and that the answers to the foregoing interrogatories are true.

Sworn to before me this

_____ day of _____, 19____

(Officer must also sign here)

Notary Public